NAATP
WEBINAR SERIES

Anti-Racism and Substance Use Treatment

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Today's Presenters

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We are *not* experts on antiracism.

Read Books

How to be an Antiracist, Ibram X. Kendi

Stamped, Jason Reynolds & Ibram X. Kendi

White Fragility, Robin DiAngelo

So You Want to Talk About Race, Ijeoma Oluo

Create Change

Black Lives Matter

Color of Change

Black Visions Collective

The Equal Justice Initiative

Engage in Workshops

Becoming an Anti-racist Leader: Strategies and Action Steps for a More Inclusive Workplace, Dr. A. Breeze Harper & Dr. Keegan Walden

Undoing Racism, The People's Institute for Survival and Beyond

Who is a racist?

One who supports racist behaviors or policies through their actions or inactions

Ibram X. Kendi

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The topic of racism can make some of us *uncomfortable*.

But, in a U.S. society where racism persists with its brutalizing and suffocating tactics

…being *uncomfortable* is not enough.

Multi-level action is required

Who is an antiracist?

One who supports antiracist behaviors or policies through their actions

Ibram X. Kendi

All people are shaped by their intersectional experience, such as the simultaneous experience of being Black and female (and so forth)

This is not about reducing someone to their race, but illuminating the role of race within experience

White Supremacy

Individual:

Belief in superiority of White people and their right to domination

Systemic:

Complex interconnected network of ideologies and policies that maintain the systematic oppression of POC

Contemporary Racism

Adapted to be more implicit and systemic

Examples:

Interpersonal

A clinician says to a colleague: "It's good we're opening our rehab there. They need us...that neighborhood is all crackheads and welfare queens too lazy to help themselves."

Systemic

Stigmatization, criminalization and disenfranchisement of POC with substance use issues

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Addiction Treatment & Systemic Racism

Embedded w/ sectors that have historically disenfranchised POC

Education	Healthcare	Employment	Media	Criminal Justice
Where employees are educated & socialized	Referrals (hospitals) Gatekeepers for pay/coverage	Referrals (EAP)	Contributors to racial and SUD messaging	Referrals (court system)

Racial/ethnic disparities in treatment access and quality

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Black Americans and SUD

In 2019, 7.6% of Black Americans ages 18+ had a SUD

- Compared to 7.7% of general U.S. adult population
  - 7.0% of Latinx/Hispanic population
  - 4.8% Asians/Native Hawaiians population

Black Americans are more likely than other racial groups to seek treatment

- However, rates of recovery among Black Americans are lower

Black Americans are more likely than other racial groups to be referred to inpatient treatment through the criminal justice system

- Black Americans make up 33 percent of drug-related incarcerations despite representing only 12.5 percent of those who use illicit drugs
- Black Americans are more likely to be arrested and convicted for drug-related crimes than White Americans, despite having similar rates of illicit drug use

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Indigenous/AI/AN and SUD

American Indian/Alaskan Native (AI/AN) have the highest rates of SUD among all racial groups

- 10.2% of Indigenous people ages 18+ had a SUD
  - Compared to 7.7% of general U.S. adult population

Some of the causes of these disparities have been discussed as including:

- Effects of intergenerational trauma

- Lack of access based on geography

- Lack of access to healthcare

- Unemployment

- Lack of culturally-appropriate care

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SUD Treatment and Racial Minorities

Current evidence-based SUD treatment approaches :	**For racial minority clients, we also need to consider:**
✓ Enhancing motivation ✓ Managing distorted thinking ✓ Coping with unwanted feelings ✓ Managing social triggers ✓ Understanding addiction ✓ Using MAT ✓ Building self-efficacy ✓ Stabilizing mental health ✓ Building sober support networks	❑ Impact of chronic stressors related to structural disadvantage (e.g., unemployment, discrimination, food and housing insecurity, environmental violence) ❑ Use of a culturally-conscious approach ❑ Therapeutic rapport and trust ❑ Risk of racism within SUD treatment setting

Picture who comes to mind when I say...

Sex worker addicted to crack cocaine

College student addicted to Adderall

Court-mandated Client

Employer-mandated Client

What, if any, immediate assumptions came to mind specific to race?

Risk of provider-based harm

Racial Microaggressions

Commonplace racist actions that disempower POC

Weakens working alliance and negatively impacts treatment process (Constantine, 2007)

Example:

"I've never met an inner city person who is so articulate." (Clinician)

"My caseload is like all 'angry Black women' demanding to get their kids back." (clinician to colleague)

Risk of provider-based harm

Color-blindness

Microinvalidations that deny and/or minimize racism

Associated with mistrust of providers and disrupted therapeutic process (Chang & Berk, 2009; Neville et al., 2006; Owen et al., 2014)

Example:

"Addiction is an equalizer. When I look at all of you, I don't see race. I see a room full of people all suffering from the same affliction." (Clinician)

Risk of racial tensions within the client population

Example 1:

Racial tensions erupt in a group counseling session comprised of mostly Black court-mandated clients when a White socioeconomically privileged male says, **"This is my first time actually getting charged with a DUI, so I think they'll go easy on me. Also, I've got a great legal team, so I'm not worried"**

Example 2:

A White woman becomes agitated in the waiting room, shouting: **"That Black guy keeps looking at me and it's making me uncomfortable!"**
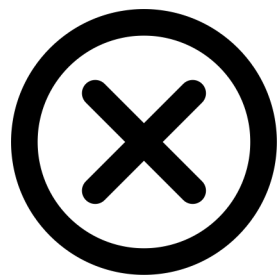
❌ The person who holds or acts on their racist beliefs

✅ Systems that fail to respond appropriately (policies) and normalize a culture of racism

Antiracism within Substance Use Treatment

Aims to challenge racist practices and policies that contribute to racial disparities in substance use, the treatment process, and treatment outcomes

Move beyond just talking about racism to taking antiracist action

Clinicians: Self-reflexivity

Build awareness of personal beliefs about race and racism
- Including your own identification, positioning, and experiences

Recognize implicit racial biases as a barrier to working alliance

Understand racism as part of a larger social order

Engage in antiracist discussions & trainings to address biases

Clinicians: Assessment and Intervention

Assess for client experiences with oppression

- How do racism and oppression correspond with emergence of SUD?

- How does the client currently experience racism and oppression?

- How do racism and oppression serve as barriers for sobriety?

Use interventions with mindfulness to client perspectives/circumstances

- Connect client to support networks, affirmative communities, and resources
  - Coping skills to manage racism-related triggers to relapse
  - Address systemic-racism-related barriers to treatment retention and engagement (e.g., unemployment, insurance barriers)

Organizations: Self-reflexivity

Conduct a racial power analysis to uncover how racism operates within your organization's procedures and practices

- What is the racial composition of your staff? Does this differ based on job titles?

- How do you ensure racial equity in hiring/promotion?

- Does your organization tend to privilege/provide "better" treatment to some clients compared to others? Does race/SES play a role in this?

Organizations: Policies & Procedures

- Prohibit discrimination and violence on the basis of race

- Establish a confidential and clearly-defined procedure for clients and employees to report racist interactions

- Promote greater racial equity in employee hiring, evaluation, and promotional efforts (e.g., standardized criteria)

- Foster partnerships with community organizations that help clients address structural barriers to recovery (e.g., unemployment, housing, under-insured)

- Mandate antiracism trainings among all staff

In a few minutes, this Webinar will end.

You will hopefully be stepping away with enhanced knowledge and inspiration

To integrate into your work life and bring back to your work environments

Each of you has tremendous potential
to create daily positive change in
the lives of people afflicted by addiction

We thank you for what you do and appreciate your having spent some time with us today.

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References

Acevedo, A., Garnick, D., Ritter, G., Horgan, C., & Lundgren, L. (2015). Race/ethnicity and quality indicators for outpatient treatment for substance use disorders. The American Journal on Addictions, 24(6),523–531. doi:10.1111/ajad.12256

Brower, K. J., & Carey, T. L. (2003). Racially related health disparities and alcoholism treatment outcomes. Alcoholism: Clinical and Experimental Research, 27(8),1365–1367. doi: 10.1097/01.ALC.0000080165.72243.03

Chang, D. F., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. Journal of Counseling Psychology, 56(4),521–536. doi:10.1037/a0016905

Constantine, M. G., Warren, A., & Miville, M. (2005). White racial identity dyadic interactions in supervision: Implications for supervisees' multicultural counseling competence. Journal of Counseling Psychology, 52(4),490–496. doi:10.1037/0022-0167.52.4.490

Davis, T. A., & Ancis, J. (2012). Look to the relationship: A review of African American women substance users' poor treatment retention and working alliance development. Substance Use & Misuse, 47,662–672. doi:10.3109/10826084.2012.654882 c

Griffith, D. M., Ober Allen, J., & Gunter, K. (2011). Social and cultural factors influence African American men's medical help seeking. Research on Social Work Practice, 21(3),337–347. doi:10.1177/1049731510388669

Helms, J. E., Jernigan, M., & Mascher, J. (2005). The meaning of race in psychology and how to change it: A methodological perspective. American Psychologist, 60(1),27–36. doi: 10.1037/0003-066X.60.1.27

Horevitz, E., Lawson, J., & Chow, J. (2013). Examining cultural competence in health care: Implications for social workers. Health & Social Work, 38(3),135–145.

References (cont.)

Jacobson, J. O., Robinson, P. L., & Bluthenthal, R. N. (2007). Racial disparities in completion rates from publicly funded alcohol treatment: Economic resource explain more than demographics and addiction severity. Health Services Research, 42(2),773–794. doi: 10.1111/j.1475-6773.2006.00612.x

Longshore, D., & Teruya, C. (2006). Treatment motivation in drug users: A theory-based analysis. Drug and Alcohol Dependence, 81(2),179–188.

Lowman, C., & Le Fauve, C. E. (2003). Health disparities and the relationship between race, ethnicity, and substance abuse treatment outcomes. Alcoholism Clinical and Experimental Research, 27(8),1324–1326. doi:10.1097/01.ALC.0000080346.62012.DC

McCaul, M. E., Svikis, D. S., & Moore, R. D. (2001). Predictors of outpatient treatment retention: Patient versus substance use characteristics. Drug and Alcohol Dependence, 62(1),9–17. doi:10.1016/S0376-8716(00)00155-1

Melnick, G., Duncan, A., Thompson, A., Wexler, H., Chaple, M., & Cleland, C. (2011). Racial disparities in substance abuse treatment and the ecological fallacy. Journal of Ethnicity and Substance Abuse, 10(3),226–245. doi:10.1080/15332640.2011.600201

Neville, H. A., Spanierman, L., & Doan, T.-B. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. Cultural Diversity and Ethnic Minority Psychology, 12(2),275–290. doi:10.1037/1099-9809.12.2.275

Otiniano Verissimo, A. D., Gee, G. C., Ford, C. L., & Iguchi, M. Y. (2014). Racial discrimination, gender discrimination, and substance abuse among Latina/os nationwide. Cultural Diversity and Ethnic Minority Psychology, 20(1),43. doi:10.1037/a0034674

Owen, J. J., Tao, K., Imel, Z. E., & Wampold, B. (2014). Addressing racial and ethnic microaggressions in therapy. Professional Psychology Research and Practice, 45(4), 283–290.

References (cont.)

Saloner, B., & Cook, B. L. (2013). Blacks and Hispanics are less likely than Whites to complete addiction treatment, largely due to socioeconomic factors. Health Affairs, 32(1),135–145. doi:10.1377/hlthaff.2011.0983

Sinclair, K. (2011). Anti-racist practice in social work. Hampshire, United Kingdom: Palgrave Macmillan.

Shavers, V. L., Klein, W. M. P., & Fagan, P. (2012). Research on race/ethnicity and health care discrimination: where we are and where we need to go. American Journal of Public Health, 102(5),930–932.

Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help seeking attitudes, and self-concealment in African American college students. Journal of Black Psychology, 31(4),369–385. doi:10.1177/0095798405281025